MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/ 580903

FILING DATE

APPLICANT(S)

CLAIMS

Claims 1–50

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/		/			
2				/		
3		2		/		
4		2		/		
5		2		/		
6		2		/		
7		2		/		
8		2		/		
9		/		/		
10	1		/			
11				/		
12	/		/			
13				/		
14	/		/			
15				/		
16		/		/		
17		/		/		
18		/		/		
19	/		/			
20		/		/		
21				/		
22				/		
23		/		/		
24		/		/		
25		6		/		
26		6		/		
27		6		/		
28		/		/		
29		/		/		
30		2		/		
31		/		/		
32	/		/			
33		/		/		
34		/		/		
35		/		/		
36		/		/		
37		/		/		
38		/		/		
39		/		/		
40	/		/			
41		/				
42		/				
43	/		/			
44	/					
45		2				
46	/					
47		/				
48				/		
49		3		/		
50	/			/		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

Claims 51–100

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
58						
59	/		/			
60				/		
61				/		
62				/		
63						
64		5				
65		5				
66	/					
67		/				
68						
69		3				
70			/			
71				/		
72				/		
73			/			
74				/		
75				/		
76				/		
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78				/		
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				14		
TOTAL DEP.				64		
TOTAL CLAIMS				78		